

ARC 2004 HSI Guide Protocol Index

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P-1 Inbrief

Purpose	To provide information regarding medical unit operations and overview of Health Services Inspection process.
Attendees	Attendance by the wing commander is optional. Attendance by the medical unit commander and designated senior unit personnel is mandatory.
Special Requirements	Select an appropriate location, usually the wing or medical unit conference room. Ensure a podium and microphone are available for use by HSI team chief and unit commander. PowerPoint (Microsoft Office 2000) is also required.
Description of Activities and Conference Agenda	<p>The inbrief is held in conjunction with the HSI opening conference. The medical unit commander opens the inbrief with a presentation limited to 15 minutes. The HSI team chief will follow with briefings/introductions lasting 5-10 minutes. The wing commander, if present, may choose to provide comments. The recommended medical unit inbrief will include:</p> <ul style="list-style-type: none">• Overview: Unit mission statement, military population served, unit organizational chart, support agreements, civilian/VA affiliation agreements• Health Services Operations: Workload, specialty services (if any), scope of services• Resources: Facilities, status of funds, staffing, status of projects• Readiness/Mobility: Taskings, exercises/deployments, annual tours, WRM• Closing: Goals, accomplishments, concerns
Inspector Contact	For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component team chief.

P-2 Courtesy Call with Wing Commander

Purpose	Introductory visit to discuss the HSI processes and provide a timeline for the week's activities.
Attendees	<ul style="list-style-type: none">• Wing commander• HSI team chief
Description of Activities	Open discussion between wing commander and the HSI team chief.
Inspector Contact	For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component team chief.

P-3 Executive Management Committee (EMC) Interview

Purpose The purpose of this interview is to assess the unit commander's and senior leadership's approach to setting strategic direction, organizational performance improvement, planning, unit management and resource management (staffing, training, equipment, etc.). Also assessed is how well the unit commander acted for the wing/group commander on the health of personnel and on health protection requirements and measures.

Medical Unit Attendees

- Unit commander
- EMC members
- Other staff members as selected by unit commander

Special Requirements A room large enough to accommodate personnel attending the interview. The seating should be arranged to facilitate communications (e.g. "round" or "U" shaped).

Description of Activities and Conference Agenda The conference is an HSI session covering activities with emphasis on evaluating the unit's leadership involvement/commitment to organizational processes and unit working relationship. An interactive discussion will occur centered around the topics described below. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
60 min	<p>LDR.3.1.1 Executive Management</p> <ul style="list-style-type: none">• Assess the effectiveness of senior leadership in setting strategic direction, determining resource requirements and implementing the mission support plan• Other topics for discussion may include, but are not limited to:<ul style="list-style-type: none">➤ Evaluate the mechanism for assessing customer feedback and the unit's responsiveness to the feedback➤ Assess how annual tour planning is conducted considering required training was scheduled for individuals as well as the unit➤ Evaluate if a "gap analysis" was applied in planning the unit's annual tour➤ EMC involvement in self-inspection program

Inspector Contact For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component team chief.

P-4 Daily Briefing to Executive Management Team

Purpose	Forum for HSI inspectors to provide feedback to the unit's executive management team regarding daily findings.
Attendees	<ul style="list-style-type: none">• Medical unit executive management team• Others selected by unit commander
Room Requirement	Conference room with seating to accommodate personnel attending the conference. If possible, seating should be arranged to facilitate communication (e.g. "round " or "U" shaped).
Description of Activities and Conference Agenda	Discussion includes HSI inspectors and medical unit personnel and focuses on the daily status of inspection/survey activities. If senior leaders have additional information relating to discussion items, they should make it known and arrange for further discussion after each session. Medical unit attendees should take notes of comments made during these sessions, as some may not appear in the HSI report.
Inspector Contact	For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component team chief.

P-5 Suicide and Violence Awareness Interview (AFRC only)

Purpose To assess the effectiveness of suicide and violence awareness education.

Medical Unit Attendees

- Medical unit commander or designated alternate
- If shared responsibility with wing chaplain office, then the wing POC should attend also (or provide information on training currency)

Special Requirements Room or office in the functional area with seating to accommodate personnel attending the interview. Consider program documentation availability and minimal disruption to daily operations.

Description of Activities and Conference Agenda An interactive discussion will occur on the topics described below. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time (est.)	Topic
15 min	IGO.2.2.7 Suicide and Violence Awareness Education (AFRC only) <ul style="list-style-type: none">• Review lesson plans• Discuss training currency statistics• Review periodic metrics reports

Inspector Contact For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component team chief.

P-6 Outbrief

Purpose	This forum provides time for the HSI team chief to present inspection results to the medical unit.
Medical Unit Attendees	Attendance at the outbrief is open. It should include the medical unit commander, executive staff and others at the discretion of the medical unit commander.
Room Requirement	Select an appropriate location, usually the wing or medical unit conference or briefing room. Ensure a podium and microphone are available for the HSI team chief. PowerPoint (Microsoft Office 2000) capability is required.
Description of Activities and Conference Agenda	The HSI team chief will present inspection results to the medical unit. The team generates a draft inspection report that is left with the unit. The outbrief normally occurs on the last day of the inspection.
Inspector Contact	For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component team chief.

P-7 Nursing Services/Basic Life Support (BLS) Interview

Purpose The purpose of this interview is to assess the senior manager's approach to planning, setting strategic direction, and resource management (staffing, training, equipment, etc.). BLS currency and program management will also be reviewed.

Medical Unit Attendees

- Chief Nurse (CN)
- Superintendent of Nursing Services
- Senior nursing leadership (executive staff)
- BLS program manager (first 10 minutes only)
- Other staff members as selected by the CN

Special Requirements A room large enough to accommodate personnel attending the interview.

Description of Activities and Conference Agenda An interactive discussion will occur on the topics described below. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

	Topic
60 min total	<p>IGO.2.3.1 Nursing Services Operational Responsibilities</p> <ul style="list-style-type: none">• Assess the effectiveness of senior nursing leadership in:<ul style="list-style-type: none">➤ Setting nursing policy for the medical facility and providing oversight for its implementation➤ Collaborating with the executive team in effective policy and decision making• Medical support was adequate to meet mission requirements and maintain health standards• Personnel were trained and proficient in the performance of their assigned duties (nursing licensure, EMT certification etc.)• A method had been established to ensure career development activities and mentoring
	<p>EXO.1.3.8 Basic Life Support (BLS) Training</p> <ul style="list-style-type: none">• Describe methods used for tracking BLS currency (utilize documents/database/files in the discussion)• Review the last 12 months of BLS training statistics (month by month) <p><u>Note:</u> Units may fill out the table (BLS Currency Statistics Audit Tool) attached at the end of this protocol for inspector to review.</p>

**Inspector
Contact**

For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component nurse inspector.

BLS Currency Statistics Audit Tool

**Enter Data for last 12 months	# of assigned personnel requiring BLS	# of required personnel current in BLS	% of required personnel current in BLS
Month			
Month			
Month			
Month			
Month			
Month			
Month			
Month			
Month			
Month			
Month			
Month			
Month			

P-8 Demand Reduction Program Interview

Purpose To assess the effectiveness of the demand reduction program.

Medical Unit Attendees

- Demand Reduction Program Manager
- If shared responsibility with Wing Military Equal Opportunity, then the wing POC should attend also

Special Requirements Room or office in the functional area with seating to accommodate personnel attending the interview. Consider program documentation availability and minimal disruption to daily operations.

Description of Activities and Conference Agenda An interactive discussion will occur on the topics described below. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
60 min	LDR.3.1.6 Demand Reduction Program--Drug Testing <ul style="list-style-type: none">• Discuss Cross Functional Oversight Committee minutes• Procedures for obtaining required annual testing quota• Describe the urinalysis testing program• Discuss procedures used to manage untestable rates• Discuss role of Staff Judge Advocate

Inspector Contact For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component nurse inspector.

P-9 Customer Satisfaction/Patient Sensitivity

Purpose	To evaluate the mechanism for assessing customer feedback and the unit's responsiveness to the feedback, as well as the unit's process for determining customer expectations and customer satisfaction. This protocol refers to LDR.3.1.7.
Attendees	This is not a formally conducted interview. Information is gathered throughout the inspection process during other interviews and/or through observations and general interactions that occur during the inspection process.
Inspector Contact	For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component nurse inspector.

P-10 Immunization Services Interview

Purpose To assess the support provided to the installation readiness mission by the Immunization Clinic. The staff may be called upon to demonstrate specific processes or clarify any questions that may exist after the inspector has reviewed the section's on-site documentation.

Medical Unit Attendees If possible, a back-up immunization technician should provide clinic coverage during this conference so that all primary personnel are available to meet with the inspector. The following personnel should participate in this conference:

- Immunization OIC, NCOIC
- Physician liaison (if not the OIC)
- Other interested staff as time, space and duties allow

Special Requirements A room in or near the functional area that is large enough to accommodate personnel attending the conference. Chairs should be arranged so they are in a round or U-shaped configuration rather than a traditional classroom arrangement.

Description of Activities and Conference Agenda An interactive discussion centering about the topics described below will occur. Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
60 min	<p>EXO.1.2.6 Immunization Services</p> <ul style="list-style-type: none">• Discuss training procedures for back-up/augmentee personnel• Discuss process for tracking the immunization status of mobility personnel• Discuss immunization currency statistics• Describe mobility processing line• Discuss the last immunization associated with a significant adverse reaction (have the medical record available), subsequent actions, lessons learned, etc.• Show how documentation of immunization activities is accomplished in order to comply with National Vaccine Injury Compensation Program requirements• Demonstrate/review emergency response protocols/equipment

Inspector Contact For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component nurse inspector.

P-11 Infection Control Interview

Purpose To assess the organization's infection control program. As part of an evaluation of the infection control program, inspectors will evaluate several pieces: an infection control plan, a Bloodborne Pathogen Control Plan and a TB-Infection Control Plan.

Medical Unit Attendees The following personnel should participate in this conference:

- Infection Control Officer and NCOIC
- OIC and/or NCOIC, Public Health
- Immunization OIC/NCOIC
- Flight medicine MD or provider representative

Room Requirement A room large enough to accommodate personnel attending the conference.

Description of Activities and Conference Agenda An interactive discussion centering on the topics described below will occur. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
60 min	<p>IGO.2.2.6 Infection Control Program</p> <ul style="list-style-type: none">• Describe the major components of the infection control program• Describe how executive committee/staff exercises oversight of the infection control program• Describe how the unit interfaces with or fits into the wing's exposure control plan• Describe methods used to disseminate infection control information throughout the organization• Explain how bloodborne and airborne pathogen training is accomplished (use database and/or files to demonstrate methods). Address both initial and recurring training.• Review procedures to ensure new employees are trained prior to performing risk-associated tasks• Management/follow-up of positive reactors or TB patients• Process for assessing the knowledge level/proficiency of personnel assigned to risk-related work environments• Describe your surveillance activities• Discuss procedures for managing blood spills• Describe what employees do when faced with a contaminated needle stick

Time	Topic
	<ul style="list-style-type: none"> • A quick walk through in a high-risk duty section such as lab or immunizations clinic will be conducted. Assigned personnel may be asked to discuss PPE, how they accomplish risk-associated tasks and what they would do in the event of an exposure

**Inspector
Contact**

For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component nurse inspector.

P-12 Laboratory Interview

Purpose	To assess the management, operation and worker training/knowledge of laboratory services. The intent is to ensure compliance with DoD-CLIP and quality control procedures.
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Medical Unit Attendees	Personnel listed below should participate in this interview: <ul style="list-style-type: none">• Chief and NCOIC of Laboratory Services• Other staff members as needed
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Special Requirements	A room large enough to accommodate personnel attending the interview. Schedule interview during laboratory operational hours so that laboratory activities can be observed.
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Description of Activities and Conference Agenda	An interactive discussion focused on the topics described below will occur. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.
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Time	Topic
30 min	IGO.2.3.3 Laboratory Services <ul style="list-style-type: none">• Assess management and oversight of laboratory activities• Evaluate the effectiveness of quality control mechanisms• Ensure the accomplishment of DoD-CLIP certification and the appropriateness of tests being accomplished• Observe laboratory activities to assess worker knowledge of laboratory operations/procedures and observe for compliance with infection control/bloodborne pathogens standards

Inspector Contact	For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component nurse inspector.
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P-13 Medication Management Interview

Purpose	To assess the effectiveness and efficiency of formulary management procedures and oversight of medications.
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Medical Unit Attendees	Individuals responsible for medication security and oversight should participate in this conference.
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Special Requirements	A room large enough to accommodate personnel attending the conference.
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Description of Activities and Conference Agenda	<p>An interactive discussion focused on the topics described below will occur. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.</p> <table><tr><th>Time</th><th>Topic</th></tr><tr><td>30 min</td><td><p>IGO.2.3.2 Medication Management</p><ul style="list-style-type: none">• Discussion concerning the maintenance and security of medications and areas where medications are stored (e.g., emergency drug response kits)• Spot validation of selected medications• Formulary/medication list review</td></tr></table>	Time	Topic	30 min	<p>IGO.2.3.2 Medication Management</p> <ul style="list-style-type: none">• Discussion concerning the maintenance and security of medications and areas where medications are stored (e.g., emergency drug response kits)• Spot validation of selected medications• Formulary/medication list review
Time	Topic				
30 min	<p>IGO.2.3.2 Medication Management</p> <ul style="list-style-type: none">• Discussion concerning the maintenance and security of medications and areas where medications are stored (e.g., emergency drug response kits)• Spot validation of selected medications• Formulary/medication list review				

Inspector Contact	For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component nurse inspector.
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P-14 Food Safety and Sanitation Interview

Purpose To assess the effectiveness of the food safety and facility sanitation programs.

Medical Unit Attendees Public Health (PH) personnel involved in conducting the food safety and facility sanitation programs.

Special Requirements A room large enough to accommodate personnel attending the conference. Chairs should be arranged so they are either “in the round” or in a U-shaped configuration, rather than a traditional classroom arrangement. The location should consider program documentation availability and minimal disruption to daily operations.

Description of Activities and Conference Agenda Open discussion concerning document review and interactive inspection of programs using pertinent evaluation criteria from the Health Services Inspection Guide. The inspector may request additional documents deemed necessary to support/clarify inspection findings at any point.

Time	Topic
60 min	IGO.2.1.6 Food Safety <ul style="list-style-type: none">• How you determine that subsistence deliveries are from approved sources• How operational rations are monitored• Training provided to receiving personnel• How ALFOODACTs are managed• Review Food Vulnerability Assessment
	IGO.2.1.7 Food Facility Sanitation Evaluation and Foodhandler Training <ul style="list-style-type: none">• Food handler training program, both initial and annual (who conducts, training plan approval, monitoring effectiveness)• Food service supervisors sanitation training (include who does training, how often conducted, topics covered, how do you ensure that all supervisors participate)• How food facility sanitation inspections are scheduled, conducted and how discrepancies are identified and followed• Foodborne illness investigation training and contingency planning (if appropriate, discuss any foodborne illnesses that have occurred in the last 12 months)• Involvement in Force Protection Working Group

Inspector Contact For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component nurse inspector.

P-15 Patient Safety Program Interview

DELETED

P-16 Provider Credentials and Privileging Interview

Purpose To evaluate local policies and procedures for management of provider credentials files (PCF), the privileging process and adverse actions management processes.

Medical Unit Attendees The following personnel should participate in this interview:

- Unit credentials program manager
- Executive staff member charged with credentials oversight
- Active duty host facility credentials manager (for co-located AFRC units)
- Other personnel involved in the privileging process (unit discretion)

Special Requirements A room large enough to accommodate personnel attending the interview. Chairs and table arranged to facilitate PCF review and discussion.

Description of Activities and Conference Agenda An interactive discussion focused on the HSI Guide Elements listed below will occur. Specific questions, estimated times, and sequence of events may vary as the inspector deems necessary.

Time	Topic
90 min	<ul style="list-style-type: none">• Evaluation criteria outlined in Elements IGO.2.3.7, Credentials and Privileging, and IGO.2.3.8, Abeyance, Inquiry/ Investigation and Adverse Actions (if applicable).

Inspector Contact For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

PROVIDER CREDENTIALS FILE AUDIT SHEET**Attachment 1**

Provider Name & Last 4 SSN: Provider Specialty:	
PCF Content by Section	Comments
<p>- Section I</p> <ul style="list-style-type: none"> -- AF Form 1540, Application for Clinical Privileges <ul style="list-style-type: none"> --- Complete and accurately reflected current information --- Updated or re-accomplished when information became outdated --- When replaced, old AF Form 1540 filed in Section V of PCF -- AF Form 1540A Application for Clinical Privileges -- Privilege List -- Letter of notification and acknowledgment -- Incoming interview and facility bylaws orientation -- Memoranda for designated supervisor (for one on supervised privileges) and physician preceptor (for PAs and NPs) <p>- Section II</p> <ul style="list-style-type: none"> -- National Practitioner Data Bank inquiries conducted as required and posted prior to the award or renewal of privileges -- Federation of State Medical Boards (FSMB) queries for physicians and physician assistants -- Current civilian privilege list(s) or statement in lieu of if in private practice and not privileged at a civilian facility -- AF Forms 1562, Credentials Evaluation of Health Care Practitioners <ul style="list-style-type: none"> --- Three new AF Forms 1562 completed for each renewal period -- AF Form 22 completed prior to renewing privileges <p>- Section III (if applicable)</p> <ul style="list-style-type: none"> -- DD Form 2499 Health Care Practitioner Action Report (see note) -- Completed DD Form 2526 Case Abstract for Malpractice Claims (see note) -- Documents of permanent adverse credential function actions -- Explanatory information regarding AF Form 1540 Block VIII.A <p><u>NOTE:</u> Does not apply to ARC providers' civilian practice.</p> <p>- Section IV</p> <ul style="list-style-type: none"> -- AF Form 1541, Credentials Continuing Health Education Training Record -- AF Form 2665, Air Force Nurse Corps Education Summary <p>- Section V</p> <ul style="list-style-type: none"> -- Historical data including prior AF Forms 1540, 1540A, 1562, 22, privilege lists, and FSMB queries, and NPDB queries or log/flow sheet of NPDB queries -- Annual tour privilege lists and annual tour AF Forms 1562 <p>- Section VI</p> <ul style="list-style-type: none"> -- Copies of diplomas, certificates of internship, fellowship and residency training; specialty board certification, state licenses; DEA certificate, if applicable; ECFMG certificate; additional documents for justification of any privileges requested <ul style="list-style-type: none"> --- Documentation of the verification of these documents, if required, is also included in this section -- Verification of documentation filed prior to award of privileges -- Validation/verification of renewals (as required) accomplished via flow sheet or on copies of license renewals -- Re-primary source verification of licenses accomplished upon PCS or every 4 years for physicians only 	

ADVERSE ACTIONS OF PRIVILEGED STAFF AUDIT REPORT Attachment 2
(AFI 44-119, Chapter 7, 4 Jun 01)

Case Number: _____

Instructions: First, go through the audit list, filling in dates in the blanks as indicated, using printed data provided by the credentials office. Next, tally times elapsed and fill in blanks as indicated. Finally, enter true (T), false (F), or not applicable (NA) for each of the following statements. The T-F questions have, in parentheses, the applicable paragraph from AFI 44-119.

1. Initial actions worksheet:

Date MDG/CC first learned of alleged misconduct: _____

Date Wing Staff Judge Advocate contacted: _____

Date regional Medical Law Consultant contacted: _____

Date inquiry into allegations began: _____

Number calendar days between first MDG/CC knowledge and inquiry start: _____

2. Provider's employment was not severed (to include PCS, separation, or retirement) in lieu of taking an adverse action that is indicated. (7.6.1.) **T F NA**

3. Identities of persons providing information, which led to credentialing actions, were not revealed unnecessarily. (7.7.) **T F NA**

4. Allegations of substandard performance or misconduct within the past 12 months were investigated by medical facility leadership. (7.8.) **T F NA**

 a. The provider was notified of the allegations. (7.8.) **T F NA**

 b. The provider was afforded an opportunity to provide information on his or behalf. (7.8.) **T F NA**

5. The action involved the MDG/CC. (7.9.) **T F NA**
(If "false", e.g., MDG/CC not involved in action, enter "NA" for items 5a – 5e)

 a. The MDG Credentials Function chairperson notified HQ MAJCOM/SG of the allegations against the MDG/CC. (7.9.) **T F NA**

 b. HQ MAJCOM/SG notified MDG/CC's commanding line officer. (7.9.) **T F NA**

 c. HQ MAJCOM/SG responsible for privileging actions once notified. (7.9.) **T F NA**

 d. The commanding line officer handled all other actions. (7.9.) **T F NA**

e. HQ MAJCOM/SG appointed a senior physician to act as MDG/CC for the case. (7.26.1.)	T	F	NA
6. The alleged conduct, condition or performance: (7.11)	T	F	NA
a. Posed a threat to the health and safety of patients	T	F	NA
b. Lesser allegation	T	F	NA
c. If 6.a. above occurred, the provider was immediately removed from patient care duties by the Credentials Function chairperson. (7.11.)	T	F	NA
d. If suspension was necessary, the Credentials Function chairperson/SGH or the MDG/CC was the acting officer who imposed the suspension. (7.13.)	T	F	NA
7. The Credentials Function chairperson determined what action (disposition) was proper. (7.11.)	T	F	NA
a. The proper disposition determined was (circle one):			
• abeyance			
• suspension			
• no action			
b. If the Credentials Function chairperson/SGH determined that the necessary action was abeyance or suspension, an internal or external peer review or other inquiry took place. (7.12.)	T	F	NA
c. If abeyance occurred, it was not treated as an adverse action. (7.12)	T	F	NA
d. Abeyance extended beyond 30 calendar days. (7.12.)	T	F	NA
e. If abeyance <i>did</i> extend beyond 30 calendar days (7.d. above is true), there was an extension granted by the MDG/CC and it was granted <i>before</i> the expiration of the first period of 30 calendar days. (7.12.)	T	F	NA
f. The abeyance period did not close after 60 calendar days, and the action automatically became a suspension of privileges. (7.12.; 7.13.)	T	F	NA
8. Suspension was used to control a provider's practice during an investigation, reevaluation, rehabilitation or retraining. (7.13.)	T	F	NA
9. If abeyance or suspension occurred, the provider was notified in writing (attachment 10 & 11). (7.12.1.; 7.13.1.)	T	F	NA

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|--|----------|----------|-----------|
| 10. If a privileging is under review, MDG/CC withdrew the provider's clinically related off-duty employment privileges. (7.18.) | T | F | NA |
| 11. If suspension or other adverse action occurred, MDG/CC notified civilian off-duty employers of the action. (7.18.) | T | F | NA |
| 12. Abeyance or suspension actions that led to complete reinstatement following investigation were kept in the Provider Activity File (PAF). (7.40.) | T | F | NA |
| 13. Abeyance or suspension actions that led to loss or limitation of privileges were maintained in the PCF in Section III, even if privileges were later reinstated. (7.40.) | T | F | NA |
| 14. The provider's notification of abeyance or suspension included the basis for the action and that an inquiry was to be conducted. (7.12.1.; 7.13.1.) | T | F | NA |
| 15. The provider in question was a member of a contract group. (If "False", circle NA for items 15a-15b) | T | F | NA |
| a. If there was abeyance action of a provider who is a member of a contract group, a copy of the notification and subsequent correspondence was provided to the contract group. (7.17.1.) | T | F | NA |
| b. If there was abeyance or suspension of a provider who is a member of a contract group, the contracting officer was notified of the substandard performance, and was consulted on further actions in the management of the case. (7.17.1.) | T | F | NA |
| 16. If additional investigators were required in house, the MDG/CC appointed those investigators. (7.14.) | T | F | NA |
| 17. The investigating officer(s) provided a report of inquiry (which may include conclusions or recommendations) to the MTF Credentials Function through the credentials chairperson. (7.14.) | T | F | NA |
| 18. When the Credentials Function reviewed the investigating officer's report of inquiry, it recommended only one of the listed possibilities in Para 7.22. | T | F | NA |
| 19. If the Credentials Function chairperson made additional recommendations, recommendations were forwarded under separate cover to the MDG/CC. (7.23.) | T | F | NA |
| 20. MDG/CC decision worksheet: | | | |
| Date Credentials Function forwarded recommendations to MDG/CC: _____ | | | |
| Date MDG/CC acted on recommendations (date of letter to provider): _____ | | | |

Number of calendar days elapsed: _____

Date MDG/CC notified provider of decision and right to hearing: _____

a. The MDG/CCFC acted within 5 calendar days upon the recommendations of the Credentials Function. (7.23.1.) **T F NA**

b. If the MDG/CC acted to deny, reduce, or revoke, he/she notified the provider of right to a hearing and appeals rights. (7.23.3.and Atch 13) **T F NA**

21. Hearing worksheet - provider:

Date provider received MDG/CC decision letter: _____

Date provider requested hearing: _____

Number of calendar days elapsed: _____

The provider requested a hearing within 30 calendar days. (7.24.) **T F NA**

22. Hearing worksheet - Credentials Function:

Date credentials chairperson received provider request for hearing: _____

Date credentials chairperson returned written notice of hearing: _____

Number of calendar days elapsed: _____

a. The Credentials Function chairperson provided written notice of hearing within 5 calendar days. (7.25.) **T F NA**

b. The hearing notification contained date, time and location of hearing. (7.25.1.) **T F NA**

c. The time of hearing was no sooner than 30 calendar days from date of notification. (7.25.1.) **T F NA**

d. The hearing notification contained all other information as required by AFI 44-119, Para 7.25. **T F NA**

23. Hearing delay worksheet:

Date provider requested hearing delay: _____

Date credentials chairperson notified provider of decision: _____

Date provider acknowledged receipt: _____

- | | | | |
|--|----------|----------|-----------|
| a. The Credentials Function chairperson evaluated the request and determined whether or not to grant a delay. (7.25.6.) | T | F | NA |
| b. Upon decision, the Credentials Function chairperson promptly notified the provider of his/her decision in writing, including new date, if granted. (7.25.6.) | T | F | NA |
| 24. The provider failed to show for the hearing or waived, in writing, hearing rights. (7.24.1.) | T | F | NA |
| 25. If the provider failed to show for the hearing or waived, in writing, hearing right, the MDG/CC acted on the provider's privileges. (7.24.1.) | T | F | NA |
| 26. If MDG/CC's action was to deny, reduce, restrict or revoke privileges, MDG/CC communicated action in writing to the provider and gave notice of the provider's right to appeal to AFMOA/CC through AFMOA/SGOC. (7.24.1.) | T | F | NA |
| 27. The Credentials Function chairperson appointed a hearing committee. (7.26.) | T | F | NA |
| 28. The hearing committee included the correct mix of provider types in accordance with the discipline of the provider in question. (7.26.) | T | F | NA |
| 29. The hearing committee <i>did not include</i> persons listed. (7.21.; 7.27.) | T | F | NA |
| 30. The JA appointed a legal advisor to present evidence for the MTF. (7.26.2.) | T | F | NA |
| 31. The actual hearing proceedings complied with AFI 44-119. (7.28. – 7.30) | T | F | NA |
| 32. A verbatim recording existed of the hearing proceedings. (7.30.1.) | T | F | NA |
| 33. Hearing committee recommendations were limited to those set out in AFI 44-119. (7.22.) | T | F | NA |

34. Hearing worksheet:

Date of hearing: _____

Date hearing record with recommendations available to MDG/CC: _____

Date copy of record (if requested) sent to provider: _____

Date provider submitted statement of exceptions/corrections: _____

Date MDG/CC made decision on provider's privileges: _____

Number of calendar days between MDG/CC receiving record and MDG/CC decision: ____

Date MDG/CC made written notification of decision to provider: _____

No. of calendar days between MDG/CC decision and provider notification: ____

Date provider sent appeal of final privileging action: _____

Date provider requested continuation of privileges review: _____

Date provider ended affiliation with Air Force: _____

Number of calendar days between provider separation and request to continue review: ____

- | | | | |
|---|----------|----------|-----------|
| a. The hearing record was available within 30 days of the hearing. (7.32.) | T | F | NA |
| b. A copy of the record (if requested) was sent to the provider. (7.32.2 and Atch 17) | T | F | NA |
| c. The provider submitted a statement of exceptions within 10 calendar days. (7.33.) (extendable by MDG/CC for good cause) | T | F | NA |
| d. The MDG/CC made a privileges decision within 10 calendar days of receiving the record and recommendations of the hearing committee. (7.34.) | T | F | NA |
| e. The MDG/CC provided written notification of the final decision including the final action and the reasons for the action. (7.34.1.) | T | F | NA |
| f. The MDG/CC provided written notification, including right to appeal the final decision to AFMOA/CC through AFMOA/SGOC. (7.34.1) | T | F | NA |
| g. The provider appealed the final privileging action within 10 calendar days. (7.36.) | T | F | NA |
| h. During appeal, the MDG/CC's privileging decision was in effect. (7.36.) | T | F | NA |
| i. The provider, if ending AF affiliation during the review process, submitted written request for continuation of privileges review within 5 calendar days of his or her change in status. (7.39.) | T | F | NA |
| 35. The MDG/CC sent a copy of all documentation related to the case, including DD Form 2499, to HQ MAJCOM/SG. (7.35. and Atch 20) | T | F | NA |

P-17 Professional Services Contracts/BPAs Interview

Purpose To assess the management of contracted professional medical services.

Medical Unit Attendees

- Contracts POC
- Quality Assurance Evaluator(s) (QAEs), as applicable

Special Requirements A room large enough to accommodate personnel attending the interview. Contract monitors and QAEs should have contract files and proof of training available.

Description of Activities and Conference Agenda An interactive discussion will occur focusing on the HSI Guide Element identified below. Specific questions, estimated times, and the sequence of events may vary as the inspector deems necessary.

Time	Topic
30 min	<ul style="list-style-type: none">• Evaluation criteria outlined in Element LDR.3.1.4, Professional Medical Services Contracts/Blanket Purchase Agreement (BPA) Oversight.

Inspector Contact For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

P-18 Self-Inspection Interview

Purpose To assess self-inspection program management.

Medical Unit Attendees The following personnel should participate in this interview:

- Unit self-inspection monitor
- Others at the discretion of the unit

Special Requirements A room large enough to accommodate personnel attending the interview.

Description of Activities and Conference Agenda An interactive discussion will occur focusing on the HSI Guide Element identified below. Specific questions, estimated times, and the sequence of events may vary as the inspector deems necessary.

Time	Topic
60 min	<ul style="list-style-type: none">• Evaluation criteria outlined in Element LDR.3.1.2, Self-Inspection Program.

Inspector Contact For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

P-19 War Reserve Materiel (WRM) Interview/Tour

Purpose To assess the condition and maintenance of medical WRM.

Medical Unit Attendees

- Logistics officer and/or NCOIC
- Other staff at the unit's discretion

Special Requirements The interview will usually take place in and include a tour of the WRM storage area(s).

Description of Activities and Conference Agenda An interactive discussion will occur focusing on the HSI Guide Element identified below. Specific questions, estimated times, and the sequence of events may vary as the inspector deems necessary.

Time	Topic
30 min	<ul style="list-style-type: none">• Evaluation criteria outlined in Element EXO.1.1.3, Management of War Reserve Materiel (WRM) in Possession of Air Reserve Component (ARC) Units.

Inspector Contact For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

P-20 Medical Mobility Program Management Interview

Purpose To assess the organization's mobility planning processes for medical personnel, its planning documents, and execution of planning guidance.

Medical Unit Attendees

- Unit mobility officer and NCOIC
- Self-Aid and Buddy Care Monitor
- Others at unit discretion

Special Requirements A room large enough to accommodate personnel attending the interview. Please select a site that will minimize disruptions to daily operations.

Description of Activities and Conference Agenda An interactive discussion will occur focusing on the HSI Guide Elements identified below. Specific questions, estimated times, and the sequence of events may vary as the inspector deems necessary.

Time	Topic
90 min	<ul style="list-style-type: none">• Evaluation criteria outlined in Elements EXO.1.1.5, Pre-Deployment Preparation Requirements—Medical Personnel, and EXO.1.3.2, and Self-Aid and Buddy Care (SABC) Program.

Inspector Contact For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

P-21 Bioenvironmental Engineering (BE) Readiness/QNFT Interview

Purpose To assess the effectiveness of readiness programs for which bioenvironmental engineering (BE) is responsible and to assess the effectiveness of the Quantitative Fit Testing (QNFT) program.

Medical Unit Attendees The following personnel should participate in this conference:

- BE staff familiar with readiness issues
- Nuclear, biological, chemical (NBC) medical defense officer and/or NCO
- BE staff familiar with the QNFT program
- Civil engineer readiness flight (CEX) personnel participating in the QNFT program and joint BE/CEX training

Special Requirements A room within the functional area large enough to accommodate personnel attending the conference.

Description of Activities and Conference Agenda An interactive discussion will occur focusing on the HSI Guide Elements identified below. Specific questions, estimated times, and the sequence of events may vary as the inspector deems necessary.

Time	Topic
60 min	<ul style="list-style-type: none">• Evaluation criteria outlined in Elements EXO.1.3.3, Bioenvironmental Engineering Readiness, and EXO.1.1.7, Quantitative Fit Testing (QNFT) Program.

Inspector Contact For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

P-22 Dental Services Interview

Purpose	To assess the management of dental services, dental record management, and the unit's ability to meet mission requirements related to dental services.
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Medical Unit Attendees	The following personnel should participate in this conference: <ul style="list-style-type: none">• Dental Surgeon• Dental NCOIC• Others at the discretion of the unit
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Special Requirements	A room large enough to accommodate personnel attending the interview.
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Description of Activities and Conference Agenda	An interactive discussion will occur focusing on the HSI Guide Elements identified below. Specific questions, estimated times, and the sequence of events may vary as the inspector deems necessary.
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Time	Topic
90 min	<ul style="list-style-type: none">• Evaluation criteria outlined in Elements IGO.2.3.5, Management and Control of Dental Health Records; IGO.2.3.6, Periodic Dental Examinations and Documentation, and EXO.1.2.7, Dental Readiness Classifications.

Inspector Contact	For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.
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P-23 Force Fitness and Flight Medicine Management Interview

Purpose The purpose of this conference is to evaluate major processes and products in which flight medicine is the primary stakeholder.

Medical Unit Attendees The following personnel should participate in this conference. Please note, not everyone need be present the entire time, as detailed in the description of activities below.

- Chief, Aerospace Medicine
- Superintendent or NCOIC of Flight Medicine
- At least one junior flight surgeon and one junior aerospace medicine technician (preferably SME assets)
- OIC, Physical Examinations and Standards
- NCOIC, Physical Examinations and Standards
- Technician most responsible for aviator waiver program
- Technician most responsible for the unit's WWDME/MEB process (4A0X1, if appropriate)

Other personnel, e.g., the squadron commander or other flight surgeons and technicians, are welcome to attend as space and duty considerations allow.

Description of Activities and Conference Agenda An interactive discussion centering about the topics described below will occur. Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
3 hours	<p>IGO.2.1.1 Management of Duty Restrictions for Flying and Special Operations Personnel</p> <ul style="list-style-type: none">• Consider all aspects of "grounding" management• Analyze a recent AF Form 1041 and exhibit any related metrics or lessons learned• Discuss the processes by which the FSO ensures total awareness of all medical care provided to fliers and special operations personnel

Time	Topic
	<p>IGO.2.1.2 Flight Medicine Operational Responsibilities</p> <ul style="list-style-type: none"> • Discuss flight surgeon non-clinical activities, including those within the medical group and those conducted at line squadrons • Discuss flight surgeon support and visits to operational support facilities (life support, control tower) • Discuss flight surgeon participation in flying squadron activities (commander's call, squadron briefings, flying activities) • Discuss flight surgeon participation in occupational shop and food facility visits, and support of the occupational medicine program
	<p>EXO.1.2.1 Monitoring the Medical Status of Military Personnel</p> <ul style="list-style-type: none"> • Explain how mobility personnel are prospectively screened for medical suitability and how they are monitored on an on-going basis for changes • Provide evidence profile validation with Military Personnel Flight • Discuss profiling process and 4-T monitoring • Discuss the waiver process in general and review the waiver file (flying and nonflying waivers)
	<p>EXO.1.2.2 Worldwide Duty Medical Evaluation/Medical Evaluation Board (MEB) Program Management</p> <ul style="list-style-type: none"> • Discuss the relationship of the 4-T profile system to the local MEB process • Provide data regarding the average completion time of WWDME/MEBs • Discuss patient counseling responsibilities
	<p>EXO.1.2.3 Reserve Component Periodic Health Assessment (RCPHA) and Individual Medical Readiness (PIMR) Management</p> <ul style="list-style-type: none"> • Describe oversight of the unit's RCPHA process • Detail ongoing training, education and performance feedback • Describe the medical record review training provided to technicians working RCPHA packages • Provide background information about the process which non-credentialed providers use when initially evaluating HEAR or PIMR health histories • Discuss examination compliance rates • Explain the support provided to geographically separated units

Time	Topic
	<p>EXO.1.2.4 Reserve Component Periodic Health Assessment (RCPHA)/Physicals-Clinical and Administrative Requirements for Flying & Non-Flying Personnel</p> <ul style="list-style-type: none"> • Discuss tracking of required examinations • Discuss management of personnel overdue physical exams • Discuss the quality assurance program for review of completed examinations • Discuss the mechanism(s) in place to accomplish mammography and Pap smears • Review findings from the records review
	<p>EXO.1.2.5 Clinical Follow-up of Abnormal Laboratory Tests, Vital Signs and Consults</p> <ul style="list-style-type: none"> • Discuss process for notifying patients of abnormal laboratory test results and ensuring provider review • Discuss procedures for addressing abnormal blood pressure readings and follow-up recommendations • Describe mechanism(s) in place for provider review and follow-up of consults
	<p>EXO.1.1.8 Medical Record Summary Forms</p> <ul style="list-style-type: none"> • Discuss findings from review of medical record summary forms

**Inspector
Contact**

For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.

P-24 Occupational Health Program Interview

Purpose To assess the effectiveness of the overall occupational health program.

Medical Unit Attendees

- All regular members of the Occupational Health Working Group or the equivalent function at your facility
- Bioenvironmental Engineering (BE) staff familiar with the industrial hygiene program
- For medical units whose occupational health programs are maintained by a host organization, the following personnel should participate or provide pertinent data: chief, aerospace medicine, BE staff, public health technician(s), unit medical technician responsible for occupational health coordination and additional staff deemed appropriate

Special Requirements A room large enough to accommodate personnel attending the conference. Chairs should be arranged so they are in a round or U-shaped configuration, rather than a traditional classroom arrangement.

Description of Activities and Conference Agenda An interactive discussion centering about the topics described below will occur. Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
2.5 hrs	IGO.2.2.1 Bioenvironmental Engineering Occupational Health Management Be prepared to discuss: <ul style="list-style-type: none">• Process for prioritizing, scheduling periodic workplace surveys• The currency of workplace surveys with respect to the established schedule• The process for prioritizing, scheduling and tracking the accomplishment of special workplace surveys (air sampling, noise measurements, radiation measurements, etc.)• Process for certification of PPE• Tracking/follow-up of OHCAMP/ECAMP findings• Process for completing shop survey reports
	IGO.2.2.2 Bioenvironmental Engineering Special Surveillance Programs Be prepared to discuss: <ul style="list-style-type: none">• Basic steps of the Respiratory Protection Program• How medical clearance is obtained prior to fit-testing

Time	Topic
	<ul style="list-style-type: none"> • Base radiation protection program • Management of TLD program • Process for defining regulated areas
10 min	BREAK
	<p>IGO.2.2.3 Occupational Health Medical Examinations (OHME)</p> <ul style="list-style-type: none"> • As an example of how your oversight group evaluates occupational health needs, be prepared to discuss how the AF Form 2766 for the identified shop was completed, from start to finish. How were hazards identified/quantified? What was the decision making process which resulted in the chosen medical surveillance? Be able to justify your decisions, e.g. why a specific test was considered both necessary and appropriate • Explain the process by which your team ensures consistent medical surveillance for workers with similar exposures. How are workers who work in multiple areas handled? • Which personnel are involved in the shop visit program? How are shops prioritized to maximize visit effectiveness? • Be prepared to discuss how appropriate issues of the occupational health program are presented to organizational commanders, supervisors and workers • Scope of the occupational health program at your installation (# of shops, # of annual audiogram only exams, # of “special purpose” exams, # of exam slots, personnel resources, etc.) • Discuss how accurate OHME rosters are obtained, and how examinations are scheduled, accomplished, tracked and analyzed • Be prepared to present monthly occupational health compliance rates for the past 12 months. Be sure these are occupational health compliance rates as defined by the following formula: OHME compliance rate = number of workers who had OHME within time period specified on the AF Form 2766/ number of workers requiring OHME. • Be prepared to discuss how you report OHME compliance rates to organizational commanders • Review occupational medical record documentation standards • Describe how provider directed follow-up actions are monitored/accomplished
	<p>IGO.2.2.4 Hearing Conservation Program (HCP)-Clinical Aspects</p> <p>Be prepared to discuss how:</p> <ul style="list-style-type: none"> • HCDC patients are referred, evaluated and tracked • Work-ups performed by Tri-Service or civilian audiologists are reviewed • The hearing conservation program is managed at your installation

Time	Topic
	<ul style="list-style-type: none"> • Occupational health audiometry data is submitted to the Hearing Conservation Data Registry • Occupational audiometry data is analyzed and how this data is used to target education and prevention efforts to work areas with increased hearing loss
	<p>IGO.2.2.5 Reproductive Health/Fetal Protection Be prepared to discuss how:</p> <ul style="list-style-type: none"> • Male and female reproductive hazards are communicated to workers prior to pregnancy • Pregnant military and civilian workers are identified, referred, educated and appropriate duty restrictions recommended • Workplace evaluations are accomplished

**Inspector
Contact**

For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component medical manager.

Hearing Conservation Case Tracking			
RECORD I.D. (INITIALS/LAST 4)			
Date initial STS identified			
STS fitted/educated, hearing protection device attenuation issues addressed			
Employee notified of initial shift within 21 days			
15 hour F/U performed			
40 hour F/U performed			
Date PTS letter sent to supervisor			
Worker referred to HC(D)C			
HC(D)C evaluation on file			
Final FS consultant progress note			
HC(D)C recommendations followed			
Date case closed			
Average # days to conclusion, for all workers in the tracking log for the last 12-24 months, please show denominator			

“+”= PRESENT

“-“ = NOT PRESENT

“NA” = NOT APPLICABLE

P-25 Operational Optometry Interview

Purpose	To assess optometry support to the installation flying mission and readiness program.
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Medical Unit Attendees	The following personnel should participate in this conference: <ul style="list-style-type: none">• OIC (Optometrist if assigned)• NCOIC
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Special Requirements	A room in or near the functional area that is large enough to accommodate personnel attending the conference.
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Description of Activities and Conference Agenda	An interactive discussion centering about the topics described below will occur. Specific questions, estimated times and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.
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Time	Topic
30 min	<p>IGO.2.1.3 Operational Optometry</p> <p><u>Operational Optometry:</u></p> <p>Discuss the working relationship between optometry, flight medicine and PES regarding the aviator soft contact lens program</p> <ul style="list-style-type: none">• Explain how gas mask inserts are obtained for deploying personnel• Explain procedures for performing and documenting cycloplegic refractions• Describe the conditions which would result in a cockpit evaluation by the optometrist <p><u>Aviation Soft Contact Lens (SCL) Program:</u></p> <ul style="list-style-type: none">• Present program statistics, number of fliers in program, follow-up status, etc.• Describe the joint oversight of the process by flight medicine and optometry• Case presentation of any participant with a contact lens related complication• Review selected medical records regarding documentation

Inspector Contact	For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.
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P-26 Deployment/Redeployment Processing Support Interview

Purpose	To conduct a cross-functional assessment of the medical unit's processes supporting installation deployments. To conduct an assessment of medical unit processes for providing medical intelligence data to personnel deploying OCONUS, both UTC and notional
Medical Unit Attendees	<ul style="list-style-type: none">• Medical intelligence officer (public health representative)• Other unit personnel involved in the medical intelligence process• Medical unit personnel involved in processing personnel for mobility
Special Requirements	A room large enough to accommodate personnel attending the conference. Chairs should be arranged so they are in a round or U-shaped configuration, rather than a traditional classroom arrangement.
Description of Activities and Conference Agenda	An interactive discussion centering about the topics described below will occur. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary. Both large scale and notional deployment processing will be discussed.

Time	Topic
60 min	<p data-bbox="594 233 1349 268">EXO.1.1.6 Deployment/Redeployment Processing Support</p> <ul data-bbox="594 275 1455 1123" style="list-style-type: none"> <li data-bbox="594 275 1455 380">• What determines if a mobility processing line is formed or if the tasked individuals will process through each required section personally <li data-bbox="594 386 1170 422">• How are personnel on mobility identified <li data-bbox="594 428 1455 569">• What is the sequence of events as the various messages notifying the base of mobility requirements arrive; emphasize actions the medical unit takes to support/clear all deploying personnel <li data-bbox="594 575 1455 642">• If an individual is determined to not be medically cleared to mobilize, what actions follow <li data-bbox="594 648 1312 684">• How would BW/CW defense materiel be distributed <li data-bbox="594 690 1325 758">• Where is appropriate MI information obtained for the deployment location <li data-bbox="594 764 1455 831">• How was the threat brief to all deploying personnel and commanders developed and when is that information passed on <li data-bbox="594 837 1455 905">• How is pre- and post-deployment processing accomplished so that all requirements are met within the prescribed timelines <li data-bbox="594 911 1455 978">• How were medical intelligence/after-action reports prepared and reported <li data-bbox="594 984 1455 1052">• How does the IDO coordinate with the medical unit to determine needed unique immunization requirements <li data-bbox="594 1058 1455 1123">• How is unit accomplishing expanded pre- and post-deployment requirements mandated by ASD/HA in 2003

**Inspector
Contact**

For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.

Deployment Health Surveillance Program					
Record ID					
IMR current					
PHA (date)					
World-wide qualified note in record (date)					
DD 2766/2766c complete and in record					
Labs documented (G6PD, sickledex, DNA, blood-type, HIV/serum)					
Listed in FHM log & MPF deployment listing					
DD 2795 (date)					
Arrive AOR (date)					
Depart AOR (date)					
DD 2796 (date)					
Post-deployment serum (date)					
Post-deployment PCM assessment (date)					
TB/Malaria F/U required					
In-theater GEMS encounter in record					
DD 2795/2796 forwarded to AMSA					
DoD/VA CPG followed					

“+” = PRESENT

“-“ = NOT PRESENT

“NA” = NOT APPLICABLE

Provide dates where applicable

P-27 Radiology Services Interview

Purpose

To assess the radiology services function of the unit.

Medical Unit Attendees

The following personnel should participate in this conference.

- OIC/NCOIC
- All available 4R0X1s

Special Requirements

A room large enough to accommodate personnel attending the conference.

Description of Activities and Conference Agenda

An interactive discussion focused on the topics described below will occur. Specific questions, estimated times, and the sequence of events are listed to facilitate the medical unit's preparation, but may vary as the inspector deems necessary.

Time	Topic
30 min	<p>IGO.2.1.4 Radiology Services</p> <ul style="list-style-type: none">• Discuss process to identify and follow abnormal findings• Describe the privileging of the individual reading the x-rays• Display and discuss documentation regarding lifetime exposures of assigned personnel• Describe your protective shielding and how/when it is checked• Discuss calibration/maintenance of equipment <p><u>Note:</u> Inspector will need to personally see:</p> <ul style="list-style-type: none">• Radiographic technique charts• Documented skin doses

Inspector Contact

For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.

**P-28 Bioenvironmental Engineering Occupational Health
Management Conference**

DELETED – (combined with P-24)

P-29 Administrative Support Services/Health Records Management Interview

Purpose To assess the administrative support services and health records management functions of the unit.

Medical Unit Attendees The following personnel should participate in this conference:

- NCOIC Administrative Support
- NCOIC Patient Administration (Health Records)
- Other 4A0X1s (at discretion of OIC/NCOIC)

Special Requirements An office/room large enough to accommodate personnel attending the conference.

Description of Activities and Conference Agenda An interactive discussion will occur centering on the topics described below. General topics, estimated time of the conference, and the sequence of events are listed to facilitate the medical unit's preparation. Conference topics, sequences and times may vary, as the inspector deems necessary.

Time	Topic
45 min	IGO.2.3.4 Health Records Management <ul style="list-style-type: none">• Review/discuss processes and procedures for management of health records (security, disclosure, disposition, etc.)• Review annual inventory process and procedures• Review/discuss/evaluate quality control of health records• Observe a 4A0X1 perform a quality control review of a health record

Inspector Contact For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component enlisted medical inspector.

P-30 Annual Training Plan Conference

Purpose	To assess the organizational training plans, processes and procedures.
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Medical Unit Attendees	The following personnel should participate in this conference: <ul style="list-style-type: none">• AFSC Specific Sustainment Training (RSVP) Program Manager• Unit Training Manager (OJT)• Annual Tour Program Manager• Unit Education and Training Committee Chairperson (if applicable)• Medical Readiness Officer• Others at discretion of commander
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Special Requirements	An office/room large enough to accommodate personnel attending the conference.
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Description of Activities and Conference Agenda	An interactive discussion will occur centering on the topics described below. General topics, estimated time of the conference, and the sequence of events are listed to facilitate the medical unit's preparation. Conference topics, sequences and times may vary, as the inspector deems necessary.
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Time	Topic
60 min	EXO.1.1.1 Annual Training Plans Review, discuss and evaluate organizational training plans, focusing on: <ul style="list-style-type: none">• Comprehensive/cooperative effort (OJT, RSVP, medical readiness)• UTA planning processes and annual tour plans• Evaluate commander and EMC oversight and resource allocation to ensure training requirements were met
	EXO.1.3.6 Air Force Specialty Code (AFSC) Specific Sustainment Training <ul style="list-style-type: none">• Review/discuss organizational plans and processes that identify and address RSVP training requirements• Review/discuss/evaluate plans and processes to ensure appropriate training platforms are identified and scheduled to meet training requirements• Validate coordination with other unit functional areas (e.g., medical readiness, OJT, etc.)

Inspector Contact	For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component enlisted medical inspector.
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P-31 On-the-Job Training (OJT) Program Interview

Purpose To assess the effectiveness of the unit On-the-Job Training (OJT) Program, including commander, unit training manager and supervisory involvement in management and oversight of the OJT Program.

Medical Unit Attendees The unit training manager (3S2X1) should participate in this conference.

Special Requirements This conference will be conducted in the training manager's office or other appropriate setting.

Description of Activities and Conference Agenda An interactive discussion focused on the topics described below will occur. General topics, estimated time of the conference, and the sequence of events are listed to facilitate the medical unit's preparation. Conference topics, sequences and times may vary, as the inspector deems necessary.

Time	Topic
60 min	<p>LDR.3.1.5 Administration of the On-the-Job Training (OJT) Program</p> <ul style="list-style-type: none">• Discussion/evaluation of duties and responsibilities of the UTM• Assess effectiveness of the UTM oversight of the unit OJT Program• Discuss results of document review <p><u>Note:</u> Commander/EMC oversight responsibilities observed during inspection process.</p>
60 min	<p>EXO.1.3.7 Supervisory Involvement – On-the-Job Training (OJT)</p> <ul style="list-style-type: none">• Discussion/evaluation centered on assessment of effectiveness of supervisory involvement in the OJT Program• Inspection will focus primarily on personnel in training status code "B" and/or "F" – other trainees may be assessed at discretion of inspector• Discuss results of inspection of enlisted 6-part training records

Inspector Contact For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component enlisted medical inspector.

P-32 Medical Readiness Planning and Training Conference

Purpose Medical Readiness Planning: To assess the effectiveness of unit medical readiness planning and oversight.

Medical Readiness Training: To assess the effectiveness of unit medical readiness training.

Medical Unit Attendees

- Medical readiness staff
- Other personnel designated by commander or MRO

Special Requirements An office/room large enough to accommodate personnel attending the conference.

Description of Activities and Conference Agenda An interactive discussion will occur centering on the topics described below. General topics, estimated time of the conference and sequence of events are listed to facilitate the medical unit's preparation. Conference topics, sequences and times may vary, as the inspector deems necessary.

Time	Topic
90 min	EXO.1.1.4 Base Support Plans (BSP) <ul style="list-style-type: none">• Review/discuss/evaluate unit procedures to ensure accuracy of medical taskings under a BSP (MCRP, if applicable)
	EXO.1.3.1 Exercise Requirements, Development and Evaluation <ul style="list-style-type: none">• Review/discuss procedures used to develop annual exercise schedule• Review/discuss/evaluate plans and procedures used to develop annual mass casualty exercise (or other exercises as appropriate or applicable)• Review/discuss/evaluate procedures used to develop post-exercise or incident summaries

Time	Topic
	<p>EXO.1.3.4 Medical Unit Readiness Training (MURT) Requirements</p> <ul style="list-style-type: none"> • Review/discuss/evaluate organizational plans and processes to ensure SORTS reportable training requirements are identified, scheduled and personnel trained to maintain mission ready status • Review/discuss/evaluate organizational plans and processes to ensure all other applicable medical readiness training requirements are identified, scheduled and trained • Review/discuss plans and procedures to ensure appropriate oversight of medical personnel assigned to the SME/GSU
	<p>EXO.1.3.5 Training with War Reserve Materiel (WRM) Assemblages</p> <p><u>If unit is DOC tasked with WRM UTC(s):</u></p> <ul style="list-style-type: none"> • Review/discuss/evaluate organizational plans and processes to ensure personnel assigned to deployable UTC positions meet all annual exercise requirements with the assigned WRM assemblages <p><u>If the unit is not DOC tasked with WRM UTC(s):</u></p> <ul style="list-style-type: none"> • Review/discuss/evaluate plans and processes to ensure personnel assigned to deployable UTC positions receive training with appropriate WRM assemblages to the extent possible

**Inspector
Contact**

For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component enlisted medical inspector.

P-33 Readiness Reporting Interview

Purpose	To assess the accuracy, timeliness, appropriateness of required readiness reports (SORTS, MRDSS or WBITS, and ART).
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Medical Unit Attendees	<ul style="list-style-type: none">• Medical Readiness Officer (or designee responsible for MRDSS/WBITS)• SORTS monitor• Aerospace Expeditionary Forces Reporting Tool (ART) OPR
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Special Requirements	<ul style="list-style-type: none">• A private office/room large enough to accommodate personnel attending the conference• Attendees will need, at a minimum, a secret security clearance• Wing SORTS monitor should be notified that their participation may be required during the conference• Inspector will require access to unit SORTS report• Inspector will require access to unit ART report
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Description of Activities and Conference Agenda	An interactive discussion will occur centering on the topics described below. General topics, estimated time of the conference and the sequence of events are listed to facilitate the medical unit's preparation. Conference topics, sequences and times may vary, as the inspector deems necessary.
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Time	Topic
60 min	EXO.1.1.2 Readiness Reporting -- MRDSS <ul style="list-style-type: none">• Review/discuss/evaluate processes and procedures for accurate and timely updates to MRDSS or WBITS (as applicable)• Validation occurs by reviewing EMC minutes
	EXO.1.1.2 Readiness Reporting -- SORTS <ul style="list-style-type: none">• Review/discuss/evaluate processes and procedures unit has developed to ensure an accurate, timely SORTS report is generated• Validate commander assessments, skill-level, or AFSC substitutions were appropriate• Review SORTS report and supporting documentation (worksheets, etc.) to ensure accuracy, timeliness and completeness

Time	Topic
	<p>EXO.1.1.2 Readiness Reporting -- ART</p> <ul style="list-style-type: none"> • Review/discuss/evaluate processes and procedures unit has developed to ensure an accurate, timely ART report is generated • Validate commander's assessment of UTC readiness based on current ability to deploy and employ the UTC

**Inspector
Contact**

For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component enlisted medical inspector.

P-34 Emergency Response Conference (ANG only)

Purpose To assess the unit's ability to render appropriate treatment to patients in a pre-hospital situation.

Medical Unit Attendees Attending personnel should have been assigned to this functional area for at least six months and be familiar with the operation/maintenance of the vehicle(s), all emergency response equipment, as well as local operating procedures, guidelines and checklists. The following personnel should participate in this conference:

- Appropriate personnel designated by the unit

Special Requirements Assigned vehicles, emergency equipment and supplies available for inspection. An office to conduct interview.

Description of Activities and Conference Agenda An interactive discussion centering on the topics described below will occur. General topics, estimated time of the conference, and the sequence of events are listed to facilitate the medical unit's preparation. Conference topics, estimated times and sequence of events may vary, as the inspector deems necessary.

Time	Topic
60 min	<p>IGO.2.1.5 Emergency Response: Ambulances and Equipment (ANG only)</p> <ul style="list-style-type: none">• The inspector will inspect the vehicle(s)• Review/evaluate equipment maintenance• Review/evaluate equipment/supplies inventory• Review/evaluate pre-hospital protocols• Review/discuss/evaluate local plans and procedures for emergency response• Exhibit vehicle maps/checklists• Show proficiency with local pre-hospital protocols• Demonstrate proficiency with any equipment used during patient transfers• Review after-action or trip reports and any lessons learned

Inspector Contact For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component enlisted medical inspector.

P-35 Senior Enlisted Conference (Optional)

Purpose To assess the organizational climate for enlisted personnel. Enlisted inspector may use this conference to review/discuss significant findings from the enlisted training programs. Decision to hold conference will be made during the inspection. Enlisted inspector will determine if there is a need to meet with unit senior enlisted personnel. Coordination will be through squadron commander/first sergeant.

Medical Unit Attendees Personnel in grades E-6 through E-9 should participate in this interview.

Special Requirements A room large enough to accommodate personnel attending the interview. Chairs should be arranged in a circular fashion to facilitate open discussion.

Description of Activities and Conference Agenda An interactive discussion will center on various issues involving the enlisted force. Specific issues, estimated time of the conference, and the sequence of events are listed to facilitate the medical unit's preparation. Conference topics, estimated times and sequence of events may vary, as the inspector deems necessary.

Time	Topic
60 min	<ul style="list-style-type: none">• Introductions and preliminary comments• Issues to address could include:<ul style="list-style-type: none">➤ Military standards➤ Mentoring➤ Communication channels relating to standards of conduct, duty performance, etc.➤ Training programs➤ Awards and decorations➤ Morale

Inspector Contact For assistance interpreting this protocol, please call DSN 246-2426 and request an Air Reserve Component enlisted medical inspector.